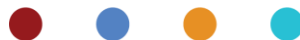


College of Pharmacists of British Columbia



Feedback Form for Posted Draft Bylaws

Instructions

Thank you for providing your feedback on the College's draft Bylaws. To better facilitate the collation of feedback, please use the following form. The form is divided into 4 columns:

Column 1: Indicate which section, subsection or appendix of the Bylaws for which you are providing comments.

Column 2: Due to some sections carrying over multiple pages, please indicate the page number for ease of reference.

Column 3: Indicate the text for which you are provided suggested changes and include new or amended text.

Column 4: Indicate the reason for your suggested changes (e.g. scientific journal, published guidelines etc.). Please keep your explanations as brief as possible.

Example:

Section, Subsection or Appendix	Page #	Comment (provide current and new text when applicable)	Rationale
1.3 Sample Section	5	The requirements should include A, B and C...	The following reference supports this statement...

There is an opportunity to provide general comments on the draft Bylaws following the table.

PLEASE RETURN FEEDBACK FORM TO LEGISLATION@BCPHARMACISTS.ORG BY THE DATE INDICATED ON THE COLLEGE WEBSITE.

Note: Timelines are typically 60 or 90 day posting periods. Refer to College website for specific deadlines. Forms that are submitted after deadline will not be accepted.

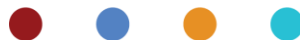
College of Pharmacists of British Columbia



Partner Comments

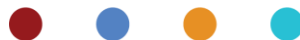
Section, Subsection or Appendix	Page #	Comment (provide current and new text when applicable)	Rationale
<p>Section 1</p> <p>Definitions:</p> <p>"virtual care"</p> <p>"health service"</p> <p>"enabling technology"</p>	1	<p>"virtual care" means any interaction between a client and a pharmacist that includes the provision of health services and that occurs remotely using an enabling technology, excluding contact using enabling technology for non-care purposes.</p> <p>"Health Services" (according to the HPOA) means anything that is done to a client for a therapeutic, preventive, palliative, assessment, diagnostic, cosmetic or other purpose related to health.....;</p> <p>"enabling technology" means any technology that permits synchronous or asynchronous communication between individuals in different locations, including through teleconferencing, video conferencing, or other internet-hosted service or application;</p> <p>BCPhA recommendation: Exclude dispensing related client-pharmacist interactions from the virtual care practice standards by revising the definition of virtual care or develop clarifying policy to provide additional clarity on the types of virtual clinical encounters to be governed by these standards.</p>	<p>The current definition of virtual care may be overly broad and appear to include all forms of care provided to a client.</p> <p>It is unclear whether brief routine interactions typically associated with or required as part of dispensing such as follow-up calls, discussion on refills, or counselling are included. While these interactions typically take place over the phone, with many operators using Voice over IP phone technology or other forms of enabling technology it is uncertain whether these interactions would fall under these new standards. If so, it would place significantly more cognitive and administrative burden on pharmacists to adhere to these new standards when completing these low-risk routine activities. We are not aware that a significant risk to clients exists with how these activities are conducted in practice today.</p> <p>Enforcing these standards on dispensing activities may also have the unintended consequence of discouraging these client care activities and/or encouraging non-compliance due to the frequency of these types of interactions and the additional requirements introduced by these standards.</p> <p>The College should also be aware of the potential impact this draft standard may have on clients receiving mail-order prescriptions from BC-based</p>

College of Pharmacists of British Columbia



			<p>operators. If mandatory dispensing-related interactions such as counseling are subject to this standard, then together with the limits of Section 9, the bylaws would immediately prevent and disrupt how a significant number of Canadians located within and outside of BC receive their medications.</p> <p>It is also uncertain how these standards interact with the HPA Bylaws Schedule F Part 6 - Telepharmacy Standards of Practice. All activities at a telepharmacy remote site could be interpreted as virtual care based on the definition in these draft standards. For similar concerns of increased burdens previously stated, the new standards should not apply to dispensing activities in a telepharmacy.</p> <p>The definition of virtual care within this standard should be narrowed to apply only to non-dispensing, clinically focused activities such as services that require a clinical assessment of the client's current condition, assessment for laboratory monitoring and requisition, comprehensive medication management or for pharmacist prescribing.</p>
<p>Section 1 Definitions: "other practice site"</p> <p>Section 3 Appropriateness of Virtual Care; Section 16(a) Client Confidentiality</p>	1, 2, 4	<p>"other practice site" means a practice site other than a pharmacy, where a pharmacist provides a health service to or for a client, such as a clinic, health center, or other health facility, but does not include a private residence or home-based office;"</p> <p>BCPhA recommendation: Change the definition of "other practice site" to include any site that meets a minimum standard of privacy, security and/or other technical requirements.</p>	<p>The draft bylaws prescribe the specific locations from which virtual care can and cannot be delivered. In our view, this approach is overly restrictive and will disrupt certain existing models of pharmacy care that will disproportionately impact rural and remote communities. These limitations may also inhibit further advances in improving client access to pharmacy services.</p>

College of Pharmacists of British Columbia



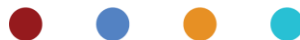
		<p>3. "A pharmacist who provides virtual care must be located at a pharmacy or other practice site."</p> <p>16(a). "A pharmacist providing virtual care must a) be in a physical setting within the pharmacy or other practice site that is appropriately private."</p> <p>BCPhA recommendation: Amend the standard to focus on a standards-based approach for appropriate virtual care location rather than excluding specific physical locations.</p> <p>This standard may also consider exempting pharmacists working for Health Authorities who are permitted to work remotely from a private residence or home-based office and must adhere to their privacy and security protocols in order to work remotely.</p>	<p>We recommend that the standards establish minimum requirements that all physical locations must first meet before virtual care can be provided. This may include requirements to notify the College, enrolment with PRIME, requirements on privacy and confidentiality, management and security of client records, access to the client's current medication records, remote access to PharmaNet and appropriate policy and procedures. We are aware that remote PharmaNet access is presently not available to pharmacists but is available to some Primary Care Network (PCN) pharmacists, physicians and nurse practitioners in private community health practices. This is another restriction on community pharmacists that should be re-evaluated going forward.</p> <p>We have also heard from pharmacists in rural and remote communities who believe that virtual care can enhance access to their services, but with limited human resources feel that there may be circumstances where working out of a home-based office would be reasonable to support scenarios that may be difficult to conduct during normal business hours. Examples include medication management for complex conditions or medication management for clients living in remote communities. This model would also support increased pharmacy capacity/staffing by permitting the use of pharmacists who may only be available part-time within their pharmacy or community.</p> <p>Pharmacists in Primary Care Networks (PCN) have also reported that these draft bylaws will disrupt their model of care. Many provide comprehensive medication management services in a hybrid model</p>
--	--	---	---

College of Pharmacists of British Columbia



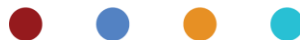
			<p>with part-time in non-pharmacy practice sites and part-time from home-based offices. Due to limited space in the practice sites and medical clinics they service, it is not always possible for them to co-locate or work completely from these sites. Furthermore, PCN pharmacists may service a wide-geographic region in rural or remote communities where it is not reasonable for them to meet their clients at the nearest practice site for in-person care. Given that these pharmacists are employed by Health Authorities and must abide by their established protocols for remotely accessing their network, it would be worth considering exempting or creating provisions for these pharmacists to continue their work as long as they meet appropriate criteria.</p> <p>A standards-based approach is also more consistent with other Canadian regulators, for example, Ontario College of Pharmacists (OCP), Virtual Care and Technology-Enabled Practice Standard* does NOT prescribe where a pharmacist must be physically located when providing virtual care. Instead, OCP requires that pharmacists ensure privacy, security, informed consent, documentation and appropriateness of care are met irrespective of location.</p> <p>*OCP references: Virtual Care Policy "Ensure Safe and Appropriate Environment: Registrants must ensure that the physical setting in which care is being delivered is appropriate and safe. If observing the administration of a medication, registrants must have a plan in place to manage adverse events and/or emergencies. "</p> <p>Supplemental Guidance to the Virtual Care Policy</p>
--	--	--	---

College of Pharmacists of British Columbia



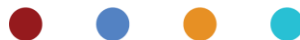
Section 8 Assessment through virtual care	2	<p>8. "When assessing a client to provide a health service through virtual care, the pharmacist must be able to reasonably</p> <ul style="list-style-type: none"> a) access any information required to make an assessment, b) complete a thorough assessment of the client, c) identify and take appropriate action for any drug therapy problems, d) refer the client to another practitioner if required, and e) conduct follow up on the care they have provided." <p>BCPhA Recommendation: Amend Section 8 with more open-ended requirements:</p> <p>When assessing a client to provide a health service through virtual care, the pharmacist must be able to reasonably</p> <ul style="list-style-type: none"> a) access any information required to make an assessment, b) complete an assessment of the client appropriate for the service being provided, c) identify and take appropriate action for any drug therapy problems as required, d) make recommendations to follow-up or refer the client to another practitioner if required, and e) conduct follow up on the care they have provided as required. 	<p>During a virtual assessment, the standards should provide flexibility to allow pharmacists to determine what is appropriate for that particular client encounter. In addition, there are no existing processes to make referrals to other practitioners even for in-person care, so the standard's language should be more general to include "recommendations" to follow-up with another practitioner if required.</p>
Section 9 Virtual Care to Clients Located Outside of British Columbia	2, 3	<p>9. "A pharmacist must not provide virtual care to an individual located outside of British Columbia, unless that individual already has a professional relationship with the client and</p> <ul style="list-style-type: none"> a) ordinarily receives care in British Columbia, b) requires follow up or monitoring in relation to the care the client ordinarily receives in British Columbia, or c) requires support to transition their existing care <ul style="list-style-type: none"> i) to British Columbia from another jurisdiction, or ii) from British Columbia to another jurisdiction." 	<p>In other provinces, local pharmacists may provide services to clients outside of their jurisdiction if they hold a license in the other jurisdiction where they are offering virtual services.</p>

College of Pharmacists of British Columbia



		BCPhA Recommendation: Include an allowance for pharmacists who are actively licensed to practice in BC and licensed in another jurisdiction(s) to provide virtual services in those other jurisdictions subject to the requirements of that other jurisdiction	
Section 13 Witnessed Ingestion	3, 4	<p>13. "When a pharmacist assesses and witnesses the ingestion of a drug through virtual care, the pharmacist must use enabling technology with integrated audiovisual functionality that allows synchronous interaction and ensures all applicable witnessing requirements under all applicable practice standards are met.</p> <p>14. A pharmacist must document that the witnessed ingestion occurred virtually."</p> <p>BCPhA recommendation: Amend the standards to permit virtual witnessed ingestion via any enabling technology including telephone or alternatively provide policy guidance that permit exceptions to the standards where clinically necessary.</p>	<p>The proposed standards restrict witnessed-ingestion to audiovisual technology only, excluding the use of the telephone. Telephone communication meets the definition of synchronous communication and is already used in current practice.</p> <p>While video communication allows pharmacists to observe clients, telephone can still be a safe and practical alternative for clients who are stable on their current medication regimen. In addition, pharmacists report that some of their clients find video witnessing as invasive, undermining client-determination and stigmatizing, which are inconsistent with trauma-informed care principles. Telephone witnessed interactions should be an option for clients that may be de-stabilized if required to switch to video witnessed-ingestion.</p> <p>Another scenario to consider is for communities without stable internet connectivity that could make audiovisual communication unreliable. This could pose an access issue for clients in rural/remote areas who receive delivery of medications requiring witnessed ingestion.</p>
Section 15 Documentation	4	15. A pharmacist providing virtual care must document a) the client's acknowledgement of informed and voluntary consent to receive virtual care,	The proposed requirements add to the increasing administrative burden of documentation on pharmacists. Pharmacists are already required to

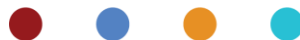
College of Pharmacists of British Columbia



		<p>b) the date, time, and enabling technology used to provide virtual care, and</p> <p>c) the name and the practice setting of the pharmacist providing virtual care.</p> <p>BCPhA Recommendation: Only require the additional documentation that a service was provided via virtual care to existing documentation requirements.</p>	<p>document consent for many of the clinical services such as adaptation, renewals, Minor Ailment and Contraception Service (MACS), Medication Reviews, in addition to the lengthy documentation already required around part-fill logs for controlled substances, including OAT. We agree that virtual care should be provided according to the same standards and diligence as in-person care. As such, we respectfully disagree with the need to document this additional consent and the fact that care is being provided virtually.</p>
Section 16 Client Confidentiality	4	<p>16. A pharmacist providing virtual care must</p> <p>a) be in a physical setting within the pharmacy or other practice site that is appropriately private,</p> <p>b) confirm the client's identity and location even if the pharmacist-client professional relationship pre-exists,</p> <p>c) take reasonable steps to protect each client's privacy, and the confidentiality of any information transmitted through an enabling technology,</p> <p>d) ensure that the enabling technology is functioning properly and maintains adequate connectivity to support the virtual care provided, and</p> <p>e) ensure that any other individuals participating in the virtual care encounter are identified to the client and the client consents to their participation, and that this disclosure is documented in the client record.</p> <p>BCPhA Recommendation: Remove sections 16(b), (d) and (e)</p>	<p>Section 16(b) and 16(e) seem to be already addressed under sections 12(a) & 12(b). Also, section 16(d) does not appear to be related to client confidentiality and may already be covered under sections 2, 4 and 6.</p>

General Comments

College of Pharmacists of British Columbia



The BCPhA is supportive of the introduction of the virtual care standards to establish consistency in for the delivery of care using new technologies that will help address human health resource challenges in community pharmacies while improving access to care for British Columbians.

The Association does have concerns, however, that the new standards as drafted may be overbroad and inadvertently disrupt established pharmacy services, client access to medications, existing workflows and introduce more administrative burdens without the intended benefits of enabling the delivery of virtual care.

In support of right touch regulation, we strongly recommend that the definition of virtual care exclude dispensing related pharmacist-client interactions and other routine communications that currently safely take place over the phone.

We also strongly recommend that the standards do not exclude specified types of physical locations for virtual care, but rather take a standards-based approach that establish the minimum standards that a location must fulfill for virtual care to be provided from that site.

Comments submitted by:

Name of individual	Bryce Wong
Name of organization	BC Pharmacy Association
Date	January 27, 2026